

**Purchaser Name:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

## **CHANGE OF ADDRESS FORM**

We are in receipt of your request to change the mailing address on your PACT account. We cannot change an address without the Purchaser's signature. (*Only the purchaser of the account is authorized to change account information*).

Please complete the information below and return this form to the address as follows: PACT Program Post Office Box 12865 Birmingham, AL 35202-2865

If you have any questions, please feel free to contact us at 1-800-252-7228.

**Purchaser's New Address:**

Street: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Phone Numbers: Home (     ) \_\_\_\_\_ Work (     ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Beneficiary's New Address:**

Street: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Phone Numbers: Home (     ) \_\_\_\_\_ Work: (     ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Purchaser's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_